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SERIAL NUMBER 10/041,937	FILING DATE 01/08/2002 RULE	CLASS 340	GROUP ART UNIT 2632	ATTORNEY DOCKET NO. ROC920010292US1
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APPLICANTS

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** CONTINUING DATA ***** *None*
PTN

** FOREIGN APPLICATIONS ***** *None*
PTN

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 02/07/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	MN	4	33	3
Verified and Acknowledged	<i>Gero G. McClellan</i> Examiner's Signature	<i>PTN</i> Initials			

ADDRESS

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TITLE

Emergency call patient locating system for implanted automatic defibrillators

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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